

**UNITED STATES DEPARTMENT OF AGRICULTURE**


Farm Service Agency  
Washington, DC 20250

**Notice DAP-123**

**For:** AZ, FL, ID, MT, ND, OK, WY State and County Offices

**American Indian Livestock Feed Program (AILFP) Authorized Payment Process**

**Approved by:** Acting Deputy Administrator, Farm Programs



**1 Overview**

**A**

**Background**

The Agriculture, Rural Development, Food and Drug Administration, and Related Agency Appropriations Act of 2001 provided that \$11.9 million would be made available to carry out AILFP through the 2001 fiscal year.

Notice DAP-118 informed State and County Offices that AILFP payments were suspended until procedure was developed to ensure that funds for AILFP would not be overspent.

**B**

**Purpose**

This notice accompanies software Release No. 472-S and provides State and County Offices with the procedure for requesting authority to process AILFP payment applications.

**Disposal Date**

April 1, 2002

**Distribution**

Above State Offices; State Offices relay to  
County Offices

## 2 Requesting AILFP Payment Processing

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### A

#### County Office Action

County Offices that have received approved AILFP payment applications from tribal governments shall complete the Request to Process AILFP Payments form (request form) in Exhibit 1. Follow the instructions provided in the exhibit.

On a daily basis, the County Office shall prepare a request form(s) for all approved payment applications received in the County Office that day. If the County Office has been designated for more than 1 tribe, prepare a separate request form(s) for each tribe. If more request forms are required, reproduce Exhibit 1, as needed.

After reviewing the completed request form for accuracy, CED, or designated representative, shall provide the information required in Parts 2 F through I, and immediately FAX the request form to the applicable State Office.

The information shall be used by the Noninsured Assistance Program Branch (NAPB) to establish a unique payment authorization code for each applicant.

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### B

#### State Office Action

When the State Office receives a completed request form, SED, or designated representative, shall review it for completeness and clarity.

If the request form is not complete or is not easily read, the State Office shall send the request form back to the County Office by return FAX, indicating which items need to be completed or clarified.

After reviewing the form, SED, or designated representative, shall provide the information required in Part 3 A through D, and forward the form according to instructions in Part 3 E.

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## Notice DAP-123

### 3 Establishing an AILFP Payment Authorization Code

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#### A

##### **NAPB Action**

NAPB will review each request form submitted by State Offices and establish a unique payment authorization code for each applicant based on the information provided on the request form.

NAPB will enter the payment authorization codes in Item 2 E of the request form. NAPB will FAX completed request forms with authorization codes to both State and County Offices.

When AILFP funds are exhausted, NAPB will notify State and County Offices by marking "DO NOT PAY" in Item 2 E of the request form. NAPB shall also issue a notice informing all States and counties that funding for AILFP has been spent.

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#### B

##### **County Office Action**

After receiving authorization codes from NAPB, County Offices may complete AILFP payment processing.

If NAPB is unable to provide authorization codes because of a lack of funds, County Offices shall notify tribal governments which payment applications cannot be paid.

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#### C

##### **Payment Applications for Tribal Owned Livestock**

Payment applications for tribal owned livestock are still required to be forwarded directly to DAFP for approval. County Offices shall **not** include payment application information for tribal owned livestock on the request form.

Authorization codes for payment applications submitted for tribal owned livestock will be provided by NAPB when DAFP approves the payment application.

Upon receipt of an authorization code, County Offices shall follow paragraph 4 for issuing AILFP disbursements for DAFP-approved applications for tribal owned livestock.

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## Notice DAP-123

### 4 Processing an AILFP Disbursement

**A**

**Disbursing** County Offices must have the 8-digit authorization code provided by the National  
**AILFP Payments** Office to issue payments using payment code 01AFP.

Step	Menu or Screen	Action	Result
1	Accounting Main Menu AAA000	ENTER "1", "Check Writing/Main Menu Accounting"	Check Writing Main Menu ANK000 will be displayed.
2	Check Writing Main Menu ANK000	ENTER "13", "Authorized Payment Functions"	Menu ANK013 will be displayed.
3	Screen ANK013	ENTER "2", "Accounting Authorized Payments"	Screen ANK34910 will be displayed.
4	Screen ANK34910	Enter the following data: <ul style="list-style-type: none"> <li>• Program Code "01AFP"</li> <li>• Issue Date - The system defaults to current date.</li> <li>• Producer ID</li> <li>• Type</li> <li>• Facility Code .</li> </ul> PRESS "Enter".	Screen ANK34920 will be displayed.

Accounting 081 LITTLE RIVER Entry ANK34910  
 Authorized Payment Entry Screen Version: AD67 10-31-2001 10:45 Term E4

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Program Code 01AFP Issue Date 10-31-2001

Producer/Non-Producer ID 123456789 Type S Facility Code 00  
 Name Smith, Jody

Enter=Continue Cmd7=End Help= Help Text

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#### 4 Processing an AILFP Disbursement (Continued)

##### A Disbursing AILFP Payments (Continued)

Step	Menu or Screen	Action	Result
5	Screen ANK34920	<p>Enter the following data:</p> <ul style="list-style-type: none"> <li>• Payment Amount</li> <li>• Request Date - This is the date the request for the authorization was made to the National Office.</li> <li>• “Y” or “N” to the question, “Will payment be made by due date?”</li> </ul> <p><b>Note:</b> No entry is required in the "Reference Number" field.</p> <p>PRESS "Enter".</p>	<p>Screen ANK34930 will be displayed.</p> <p><b>Note:</b> If the payment is not being made by its due date, prompt payment interest data entry screens will be displayed after Screen ANK34930.</p>
<div> <div>Accounting</div> <div>Authorized Payment Entry Screen</div> <div>081 LITTLE RIVER</div> <div>Version: AD67</div> <div>Entry</div> <div>ANK34920</div> <div>10-31-2001 10:45 Term E4</div> </div> <hr/> <div> <div>Producer/Non-Producer ID <u>123456789</u></div> <div><u>S</u></div> <div><u>Smith, Jody</u></div> </div> <div> <div>Program Code <u>01AFP</u></div> <div>Payment Amount \$ <u>500.00</u></div> <div>Request Date <u>10-31-2001</u></div> </div> <div> <div>Will payment be made by due date? <u>Y</u></div> </div> <div> <div>Reference Information</div> </div> <div> <div>Reference Number <u>                    </u></div> </div> <div> <div>Enter=Continue Cmd2=Restart Cmd4=Previous Screen Cmd7=End Help=Help Text</div> </div>			

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#### 4 Processing an AILFP Disbursement (Continued)

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##### A Disbursing AILFP Payments (Continued)

Step	Menu or Screen	Action	Result
6	Screen ANK34930	Enter the 8-digit authorization code provided by the National Office.  PRESS "Enter".	The usual check writing procedures will be displayed.  <b>Note:</b> See 1-FI for complete check writing instructions.
<div> <div>Accounting</div> <div>Authorized Payment Entry Screen</div> <div>081 LITTLE RIVER</div> <div>Version: AD67</div> <div>Entry</div> <div>ANK34930</div> <div>10-31-2001 10:45 Term E4</div> </div> <hr/> <div> <div>Enter Authorization Code</div> <div><u>12345678</u></div> </div> <div> <div>Enter=Continue Cmd4=Previous Screen Cmd7=End Help=Help Text</div> <div>Verify as correct and press ENTER to Continue.</div> </div>			

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**Request to Process AILFP Payments****Part 1 - To be completed by County Offices.**

A. STATE CODE: \_\_\_\_\_ B. COUNTY CODE: \_\_\_\_\_ C. TRIBE: \_\_\_\_\_

**Part 2 - To be completed by County Offices.****PRINT OR TYPE THE NECESSARY INFORMATION CLEARLY**

A. Producer ID Number	B. Dollar Amount Requested	C. Date Received in County Office	D. County Office Request Date	E. Authorization Code (DO NOT FILL IN)

F. CED NAME (PRINT) \_\_\_\_\_

H. COUNTY OFFICE FAX NUMBER: \_\_\_\_\_

G. CED SIGNATURE: \_\_\_\_\_

I. DATE SIGNED: \_\_\_\_\_

**Part 3 - To be completed by State Offices.**

A. SED NAME (PRINT) \_\_\_\_\_

C. STATE OFFICE FAX NUMBER: \_\_\_\_\_

B. SED SIGNATURE: \_\_\_\_\_

D. DATE SIGNED: \_\_\_\_\_

E. State Office shall **FAX** this completed form to the Noninsured Assistance Programs Branch (NAPB) at 202-690-3646.

**Request to Process AILFP Payments (Continued)**

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Follow the instructions in this table to complete the Request to Process AILFP Payments. Print or type all required information so it is clear and easily read.

<b>Step</b>	<b>Action</b>
1A	Provide the numeric State code.
1B	Provide the numeric county code.
1C	Provide the name of the tribal government that submitted the approved payment application(s).
2A	Provide the full numeric producer identification number for each approved payment application.
2B	Provide the dollar amount corresponding to the producer identification number for each approved payment application.
2C	Provide the date the payment application was approved by the tribal government.
2D	Provide the date the approved payment application is submitted to NAPB for an authorization code.
2E	Leave this column blank.
2F through I	Provide the printed name, signature, signature date of CED, or designated representative, and County Office FAX number in the appropriate fields. FAX the completed form to the applicable State Office.
3A through D	Provide the printed name, signature, signature date of the reviewing SED, or designated representative, and State Office FAX number in the appropriate fields. FAX completed form to NAPB at 202-690-3646.

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